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Supplemental Material

Airborne Fine Particles and Risk of Hospital Admissions for Understudied Populations: Effects by Urbanicity and Short-Term Cumulative Exposures in 708 U.S. Counties

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Table of Contents

Figure S3. Comparison of county-specific maximum likelihood health effect estimates obtained from monitor-derived exposure estimates (x-axis) versus CMAQds_subset-derived exposure estimates ($\hat{\beta}^c$ coefficients relating $PM_{2.5}$ concentration to hospitalization rates in county-specific regression model): (a) cardiovascular; (b) respiratory (n=418 counties) Point size is inversely proportional to the magnitude of the standard error associated with each monitor-derived county-specific maximum likelihood health effect estimate, such that a smaller point size indicates greater uncertainty associated with that county-specific estimate. Note that these values represent coefficients that have not been scaled.

Figure S4. Percent increase in hospital admissions associated with a $10\mu g/m^3$ increase in $PM_{2.5}$ concentration, estimated using monitoring data (gray) and downscaler output (black), only for counties with monitoring data (CMAQds_subset), by level of urbanicity (lag 0) Vertical lines represent 95% posterior intervals. Urbanicity is measured as percent of county population residing in nonurban areas